MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		3				
5		3				
6	1					
7						
8		1				
9		1				
10	1					
11	1					
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50						
TOTAL IND.	4					
TOTAL DEP.	11					
TOTAL CLAIMS	15					

		IND	DEP	IND	DEP	IND	DEP
51							
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							